

## RESPONSE TO THE OFFICE MINUTE: PATIENT APPLICATION

ART UNIT 1723

I am responding to Claims 1-5, this is concerning the Art of the machine. I James Harraway, am able to explain the specification that pertains to the claim #1, regarding the “hydraulic flow element” the hydraulic flow decreases far enough, so that the impeller encounters suction or discharge which cause’s re-circulation from the Tran’s membrane pressure and acts as a suction that removes or suck up the weight.

The “hydraulic flow element” is not included within the “blood flow element” it is separate. FG.1 shows the direction of blood flow, the input comes from the arterial (arm) of patient and flows through the blood pump. The blood flow continues flowing through the on line lab #34, which gives pre-post and post diagnostic print outs of the patients blood count. The flow still travels to the arterial chamber (transducer) to check for clots #42. Then flows through the artificial kidney dialyzer and travel to the venous chamber #44, continues to flow to the level detector and back to the patient venous (arm).

Therefore the “hydraulic flow element” and the “blood flow element” are flowing from two different elements. The hydraulic is the pneumatic part of the machine that keeps the life line of the patient flowing. The “blood flow element” is the patient direct contact through the arterial vein, which flows to the venous. On page 4 lines 16-17 was described wrong by my attorney it was not done intently, the definition has been misunderstood and location misplaced.

The hydraulic is located in the back of the machine and blood line is located in the front of the machine. Fig1: expressed detail for the blood line pump from the font of the machine not the back. Fig2: expressed details of the hydraulic flow element from the back of the machine. 16-17 – should be as follows: 9. the front portion of the enclosure 9. Space is also allocated behind

the front panel. 12. Blood flow element is in the front. 30. The blood line in the front. The hydraulic flow element 50 is located in the back and not in the front of machine exactly where the water/dialysis solution flow through. The hydraulic flow element 50 is not connected to the blood flow element. 52. is the water reservoir, located in the back of the machine where the hydraulic element flows.

#### **Determining the scope and contents of the prior art**

The prior art consist of and relates to the dialysis machine such as the method and system in particular certain elements contrast and compared to my machine has the same value and measure of the parameters of the liquid, blood gas, temperature conductivity, ph, electrolytes, which has a location after the dialyzer with a non-measured predetermined value set of the parameter before the dialyzer. The added/newer contents that will be placed in my machine will not be the same as (see Jan P. Sternby, Lund, Sweden) patent number 5,024,756.

The scope and content of the prior arts, every single one are designed in a different form and fashion. The system of the dialysis machines are basically the same, the hydraulic, the blood line flows stays the same, the temperature, the conductivity, blood link, all are serving the same function. Every inventor listed in your patent list, which I have never seen before until I receive this information, seem to have different design and art but has the same purpose and goal in mind. My conclusion and overview of these inventions are common among their peers and their scope and content remains the same. Through evaluation the prior art is absolutely not the same in art form as mine. Location and design and substance are addition to the newer found machine that I would love to produce.

The prior art form has the same purpose in mind, however, my machine has a few cutting edge technologies upgrade difference, concerning style, shape, form, pounds, the way it will

operate as far as re-circulation through the dialysate. The machine does not need an R/O system. The significance of my machine brings about less stress for the patients because it will weigh less than 40lbs. and the patients would be able to travel, will be able to go on vacations, cruises, have home care and other activities and not have to deal with a chronic atmosphere.

Dialyzing with my machine would be just as good as an ICU, only the machine would be the detectors of any mishaps going on with the patients. If the patient gets in trouble, the machine will automatically dial "911," the detection will come about through the lab proponents and EKG through adverse signs, then machine will then stop all activities. The machine will also have on-board-real-time pulse-OX which gives the blood gas.

**2. Answer:**

The prior art machines that do dialysis do not give on time real time lab results and on time EKG. The art forms are not the same.

**3. Answer:**

The art in prior dialysis machine are completely different in form, design and specific contents, the art form are from the older version of the dialysis machine, nothing is new concerning the forms back then and even now are compared to my machine in any way or shape. Even though the machines are moving the information through the same technique that is the obvious thing and the electronic background part is the same, however, I will still be moving my information through the hub of the machine transmitted via telemetry and internet system, I am not trying to have my machine invented by these technical areas.

My machine will not be an ordinary low skill design because it has not been design in this art form ever, by anyone as of yet. The art form of the machine is totally different from everyone one of the past and future art forms I have identified through the patent list.

Concerning the outer design, The way of doing dialysis is the same, however, the features of my machine is more enhanced and the quality of the machine will be a better quality machine because of the upgrades in the system of operations. When you go looking for a new car, you look for a certain quality and care package so that it may be enduring and lasting, well this is the same with my new dialysis machine, and it is like driving a different and a newer upgraded car. The older version is the past, the newer version is more up to speed with newer technology and a newer way of doing things. The newer features will serve a greater purpose, and give longer life line to a patient, who needs to be detected for any heart problems and other at risk issues when being dialyzed.

**4. Answer:**

The obvious in the machines are the scope and content which is how a patient is being dialyzed on the machine through the system of operation, which is to clean the blood, take out the electrolytes and dialyze the patient. The non-obviousness is that part where my machine has the features that the others have not produced yet, which is, on-line EKG, no R/O system to dialyze patient through the filter, (re-circulation through filter), pulse-OX, real time lab print up.

Claims1-5 concerning the interface system, I am not claiming this as an invention, most machines of dialysis units has these main components, except the features that I have described above in the newer machine of mine. I will pursue licensing with the particular inventors or vendors concerning certain circuit elements for my newer cutting edge machine. Concerning the claims for Peterson et al teaching on the mater of hydraulic flow element I never knew anything about this particular person or teacher until the office minute was brought to my attention.

Concerning my training abilities on the dialysis machine I have learned from the best schools, and was appropriately trained through vendors, manufactures, and through 25 years of

repairing all kinds of medical equipment, and worked for the Veterans Administration for years, and trained by the federal government and this is how I became skillful in the mechanics of what I do. There is no familiarity with me concerning the individuals mentioned in this office minute in any form shape or fashion concerning the art of the machine. I simply had a vision of this particular machine and began to draw it out with the best of my ability of art form of drawing, I am not an expert at drawing but I am good at what I do and that is electronics.

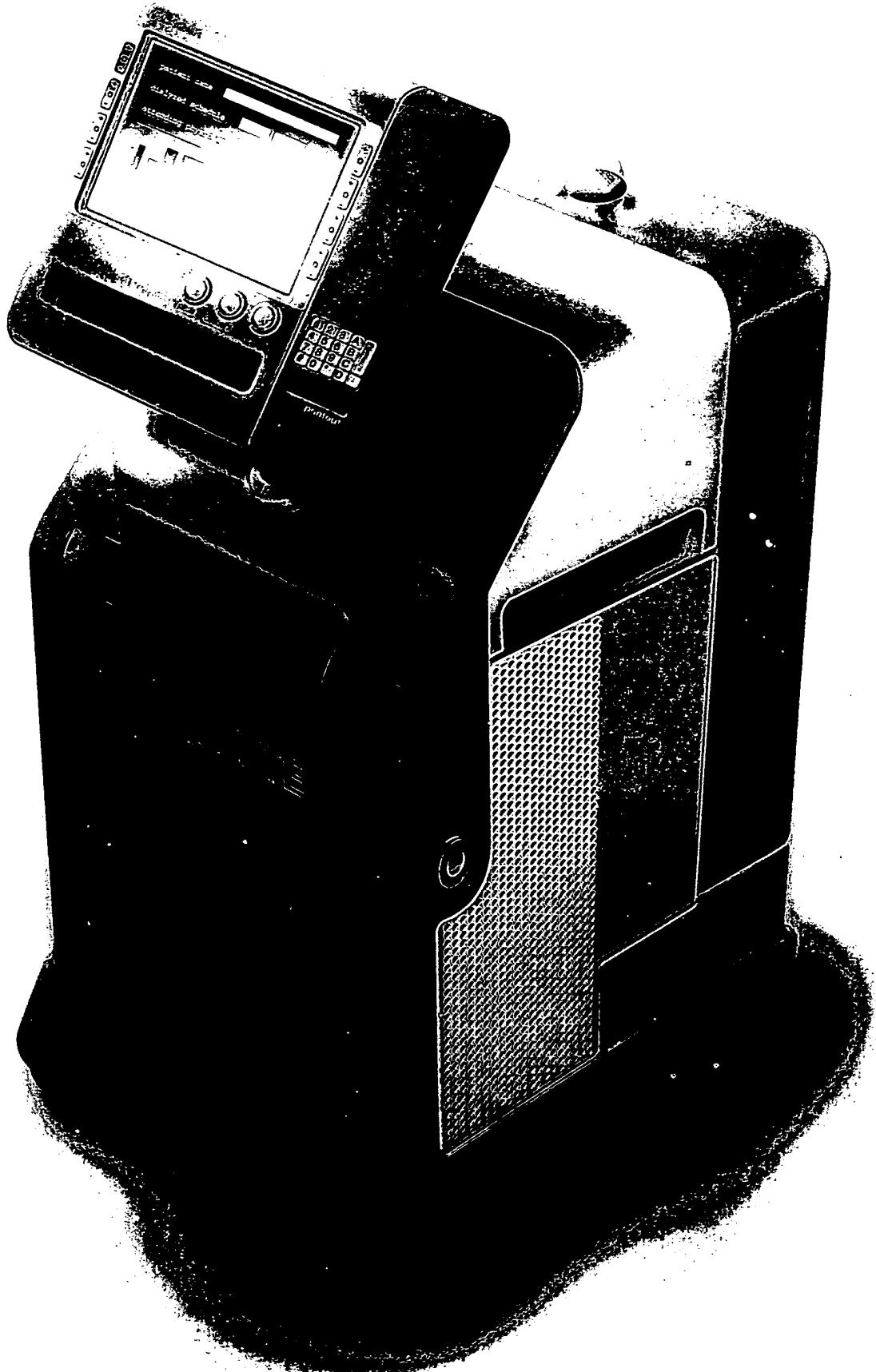
Regarding the connection to display parameters associated with pulse, EKG and blood pressure monitoring devices they may be obvious, but not one has come forth with the original design or changes that I have input in the operation of my newer machine which has been specifically tailored for the newer generation of dialysis machines. This machine is not on the market as far as art form is concern, and it will have more substance and a better way of utilization and movement, the weight is different, the treatment is the same, however, no one has come up with the additional tech which is, EKG, PULSE OX, LAB, RECIRCULATION IN FILTER, this is where I would like to get the credit, it may be obvious but it has not been create by any one as of yet, in the version that I am bringing forth now.

I hope I have answered your questions; I have tried to the best of my abilities, thank you for this opportunity of invention.



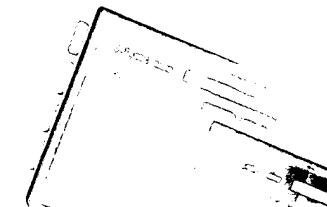
JAMES HARRAWAY

August 22, 2008



# H+H "Absolute" Dialyzer, initial design and integrated features

Operator-adjustable  
LCD monitor with integrated  
printout



std 12" LCD display with  
surrounding touch controls

ergonomic, integrated  
grab handle for adjustable  
monitor

(lift, turn) monitor mechanism  
(per iMac )

elegant and obvious  
product branding  
(integrated into fascia)

Molded fascia (abs) with ergonomic,  
integrated grab handle and  
soft-radius corners.  
Translucent allows constant visual  
monitoring of dialyzing procedure

Molded, translucent  
water reservoir with  
easy visual and filler access  
(blow molded, heavy-wall pp)

"Butterfly" left-right access  
storage areas (with integrated  
handles and powersource  
venting "chimney").

vented power source panel

Molded (heavy wall abs or poly carb)  
mobile base (removable)  
with large radius/shrouded front  
wheel casters and larger rear wheels  
(per current mobile hospital equip standards)